



HIV/AIDS, STD & TB Prevention MINNESOTA

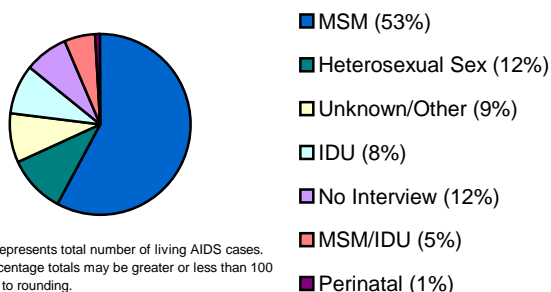
HIV/AIDS Epidemic

Minnesota reported 4,252 cumulative AIDS cases to CDC as of December 2003.

Cumulative Reported AIDS Cases by Mode of Exposure, through 2004

*N = 2,167

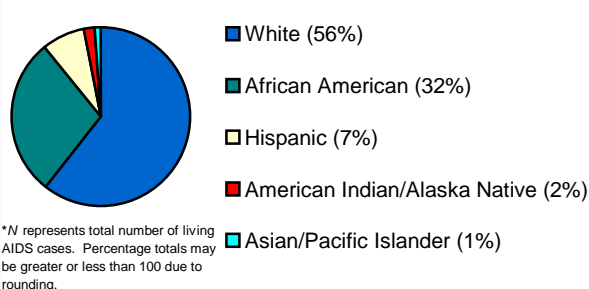
SOURCE: Minnesota Department of Health



Cumulative Reported AIDS Cases by Race/Ethnicity, through 2004

*N = 2,167

SOURCE: Minnesota Department of Health



Sexually Transmitted Diseases (STDs)

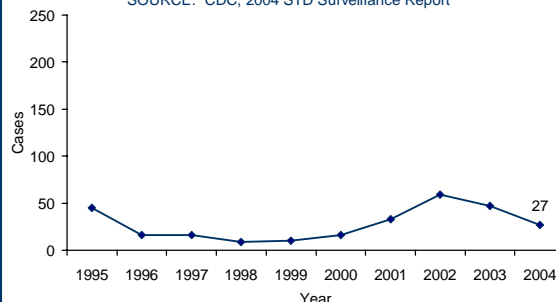
Syphilis

Primary and secondary (P&S) syphilis (the stages when syphilis is most infectious) remains a problem in the southern U.S. and some urban areas. In Minnesota the rate of P&S syphilis decreased 50% from 1995-2004.

- Minnesota ranked 41st among the 50 states with 0.5 cases of P&S syphilis per 100,000 persons.
- The number of congenital syphilis cases decreased from 2 in 1995 to 1 in 2004.

P&S Syphilis Cases in Minnesota, 1995-2004

SOURCE: CDC, 2004 STD Surveillance Report



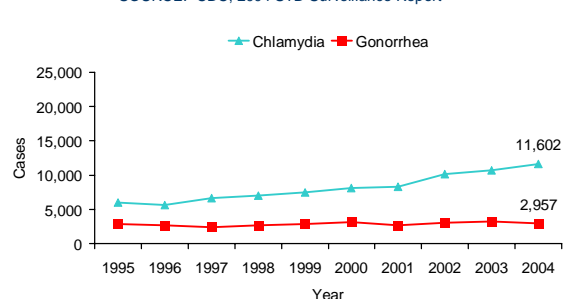
Chlamydia and Gonorrhea

Chlamydial and gonorrheal infections in women are usually asymptomatic and often go undiagnosed. Untreated, these infections can lead to pelvic inflammatory disease (PID), which can cause tubal infertility, ectopic pregnancy and chronic pelvic pain.

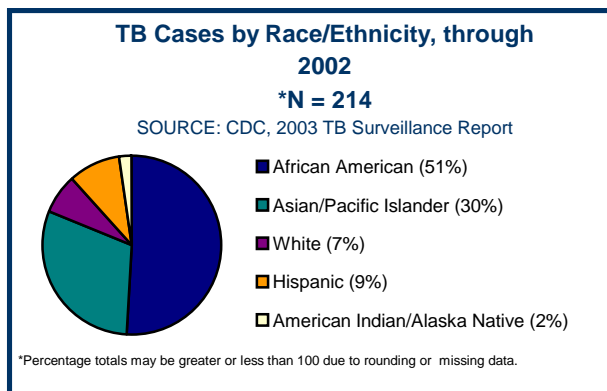
- Minnesota ranked 40th among the 50 states in chlamydial infection (229.3 per 100,000 persons) and 36th in the rate of gonorrhea infections (58.4 per 100,000 persons).
- The rate of chlamydia among Minnesota women (334.1 cases per 100,000 females) was 2.7 times greater than the rate among Minnesota men (122.8 cases per 100,000 males).

Chlamydia and Gonorrhea Cases in Minnesota, 1995-2004

SOURCE: CDC, 2004 STD Surveillance Report



Tuberculosis



Although rates of tuberculosis (TB) infection in the U.S. have declined substantially since 1992, rates among foreign-born persons continued to increase. In 2003, Minnesota reported

- ❑ The 23rd highest rate of TB in the U.S.
- ❑ A total of 214 TB cases with 51% affecting African Americans and 30% affecting Asian/Pacific Islanders. In all, about 81% were among foreign-born persons.

Program Initiatives Supported by CDC

Human Immunodeficiency Virus (HIV/AIDS)

Lutheran Social Service in Duluth, Minnesota, received funding in the 2004 community-based program announcement under Category B, organizations providing HIV prevention services to members of groups at high risk for HIV infection, regardless of race/ethnicity. The organization specifically targets services to heterosexuals at high risk for HIV.

National Center for HIV, STDs & TB Prevention Funding to Minnesota, 2005 (US\$)

HIV/AIDS	\$4,814,191
STDs	\$1,199,508
TB	\$754,572

STDs

The Minnesota STD program provides traditional STD services statewide through its network of county health departments and private provider partners. Services include syphilis and gonorrhea case management and partner notification activities, infertility prevention support by providing chlamydia and gonorrhea test kits and medication, and syphilis elimination initiatives targeting the twin cities of Minneapolis and St. Paul. Increases in syphilis cases among men who have sex with men (MSM) who only locate their partners online continue to challenge the program. Procedures established in 2003 continue to guide disease intervention staff not only in locating individuals via the Internet but also in safeguarding client confidentiality. Using the Internet for partner notification has not replaced traditional disease investigation methods and is used only when other locating information is unavailable.

Tuberculosis

The state of Minnesota is home to a number of communities of refugees and immigrants that contribute reported TB cases in the state. Over the last few years, cases have occurred in foreign-born persons from 61 countries with 49 distinct languages, creating challenges to TB treatment and management. The state has taken the lead to develop a number of patient education and fact sheets in 12 of the most common languages for use with those involved in TB education and control activities. In addition, they have made these materials available on their TB Program web site. Minnesota Department of Health staff are also actively involved in giving presentations to various community organizations related to these groups. These continuing efforts should contribute to overall TB control efforts in the state.

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